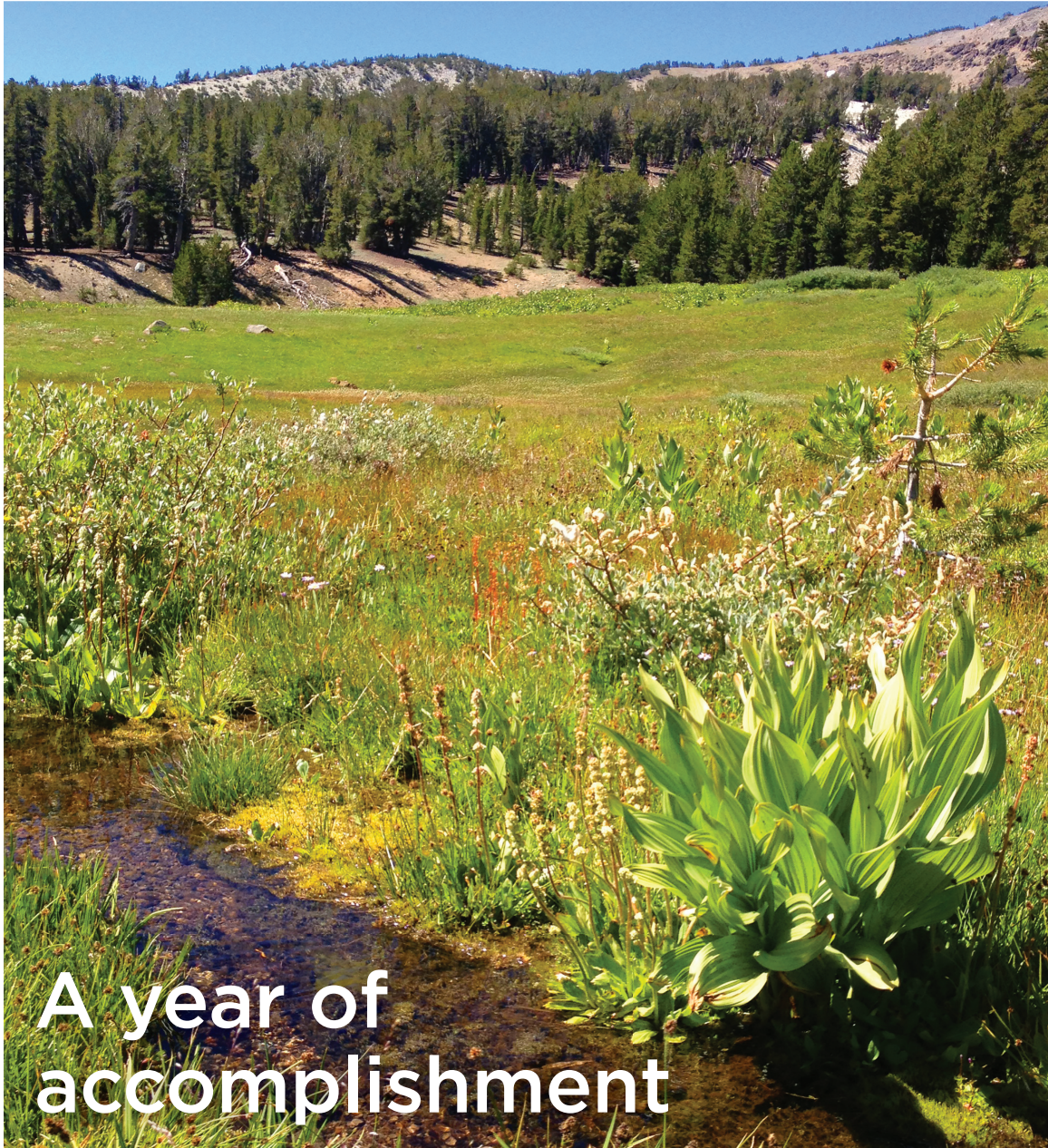


2016 ANNUAL REPORT



A year of
accomplishment

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE



Public Health
Prevent. Promote. Protect.

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.

VISION

A healthy community

MISSION

To protect and enhance the well-being
and quality of life for all in Washoe County

VALUES

Trustworthiness
Professionalism
Partnership
Collaboration

STRATEGIC DIRECTION

Leaders in a unified community making measurable
improvements in the health of its people and environment

A MESSAGE FROM THE HEALTH OFFICER

Kevin Dick, Washoe County District Health Officer

The health of our community is critical for our quality of life and for Washoe County to thrive. Each day the Washoe County Health District strives to protect and enhance everyone's health and well-being. But much of our work goes unnoticed until we respond to a disease outbreak or other public health event. Unseen are the numerous adverse events and outcomes prevented daily.

Our work ensures we have safe air to breathe, water to drink, and food to eat. We provide immunizations, and protect the community from infectious and vector-borne diseases. We help people plan for and deliver healthy babies who get proper care and nutrition so they grow into healthy adults. We educate the community about unhealthy behaviors and assist adoption of healthy lifestyles. We prepare for public health and other emergencies, and ensure that quality emergency medical services are available.



In this report, you'll learn about Health District highlights in a variety of programs. 2016 was a year of accomplishment, not only within individual programs, but also for the Health District as a whole, and with our partners.

During 2016 the Health District finished implementing 24 recommendations from our 2014 Fundamental Review. We emerged a much-improved, better-managed, and more fiscally-stable organization. The work helped develop a comprehensive four-year strategic plan to guide our future direction, and led the Board of Health to seek national accreditation for our organization.

We worked with community partners to prioritize solutions to Access to Healthcare and Social Services, Behavioral Health, Education, and Food Security, problem areas identified in our first Community Health Improvement Plan (CHIP). To begin this three-year plan, we engaged over 40 different partners and have already met or exceed almost half of the plan's objectives (47%). The CHIP Annual Report is available at the Health District website.

We continued to lead Truckee Meadows Healthy Communities (TMHC), a coalition which includes Reno, Sparks, Washoe County, the School District, UNR, hospitals, community health centers, the Chamber of Commerce, financial institutions, and other profit and non-profit entities. TMHC seeks to engage the community in systems and policy changes addressing inequities, thereby creating a culture of health. In addition to participating in the CHIP process, TMHC continued work under an Arnold Foundation Grant to the Food Bank of Northern Nevada to create long-range plans addressing root causes of food insecurity, income/employment, housing, and health in certain areas within the 89502 zip code. To improve access to healthcare and social services TMHC held quarterly Family Health Festivals providing a variety of free healthcare, education, employment, housing, and transportation services at a friendly and festive event.

As I reflect on the accomplishments of 2016, I am grateful for the vision and direction provided by the District Board of Health, and for the dedication and commitment of the exceptional staff that accomplished these many achievements. I hope this report provides you with a better understanding and appreciation of the work we do.



COMMENTS FROM THE BOARD OF HEALTH CHAIRWOMAN

Kitty Jung, Washoe County Commissioner

As Chair of the Washoe County District Board of Health, it's a pleasure for me to provide our annual report on the accomplishments of the Washoe County Health District over the past year. They are the culmination of thoughtful direction from the Board and hard work by Health District staff.

The exceptional professionals at the Health District work hard every day to protect and enhance the health and well-being of our community. They also work to continuously improve the operational performance and effectiveness of the District. Over the past year, the Health District has:

- Completed the implementation of 24 recommendations provided in the 2014 Fundamental Review Report;
- Determined to seek national public health accreditation and began work to achieve this;
- Continued to focus on quality improvement by initiating four significant new projects and completing nine;
- Worked with numerous partners to address objectives and strategies in the Community Health Improvement Plan to improve outcomes related to Access to Healthcare and Social Service, Education, Behavioral Health, and Food Insecurity; and,
- Prepared and began implementation of a four-year Strategic Plan framed around our six strategic priorities.

All this has been accomplished by a work force that is 20% smaller than it was in 1996, even though our population has grown nearly 40%.

I am proud of these achievements as well as the numerous other accomplishments you will find in the report. I'm honored to have been appointed to another term as Chair of the Washoe County District Board of Health and look forward to continuing to work with the Board, Health District staff, and our community to build a culture of health in Washoe County.



OUR WEBSITES

www.WashoeCounty.us/health

www.OurCleanAir.com

www.GetHealthyWashoe.com



ADMINISTRATIVE HEALTH SERVICES (AHS)

Anna Heenan, Administrative Health Services Officer

Summary of financial operations

AHS administered over \$20.5 million in resources including \$5.8 million in Federal grants, \$208,164 in State grants, and \$10.1 million from the Washoe County General Fund.

By supporting fiscal operations and ensuring proper fiscal controls within all divisions, the Washoe County Health District ended Fiscal Year 2016 with \$19.8 million in expenditures and an ending fund balance of \$3 million.

Human Resources

AHS supported payroll and other human resource needs for over 180 employees representing 150 full-time equivalent staffers. AHS also monitors and implements the requirements of the Washoe County Code for Human Resources and the negotiated agreements for four bargaining units – the Washoe County Employees Association Supervisory and Non-supervisory Units, and the Washoe County Nurses Association Supervisory and Non-supervisory Units.

Technology

The AHS Technology Team continued progress on the implementation of the Regional Permitting System for Environmental Health Services and Air Quality Management, going live with the system in late October. AHS also assisted with the implementation of the new Patagonia Electronic Health Records system for patient records management in Community and Clinical Health Services.

Quality Improvement

AHS worked with Community and Clinical Health Services to reduce the work activities associated with bi-lingual pay status, thus reducing the overall time it takes to process bi-lingual pay every pay period.

AHS identified and eliminated inefficient work activities and was able to reposition a full-time employee to the Office of the District Health Officer. The new position will support the Public Health Accreditation process for the Health District in 2017.



AIR QUALITY MANAGEMENT (AQM)

Charlene Albee, Division Director

Ozone Advance Program Participant

AQM was accepted into the Environmental Protection Agency's Ozone Advance Program and subsequently secured several official resolutions encouraging implementation of ozone control measures. Resolutions were adopted by the District Board of Health, Reno and Sparks City Councils, the Washoe County Commission, the Regional Planning Governing Board, and the Regional Transportation Commission.

Keep it Clean – Be Idle Free

AQM Division launched its newest Keep it Clean program, the “Be Idle Free” campaign. Because on-road vehicles are the largest pollution source contributing to ozone, the campaign reduces emissions from idling passenger vehicles, construction equipment, and commercial trucks by having drivers turn off their engines. The Be Idle Free marketing campaign used 10 and 30 second radio spots, outdoor billboards, pamphlets, and social media advertising to relay the Be Idle Free message to the community.



Exceptional Events Rule Revision & Wildfire/Ozone Guidance

Due to California wildfires that produced heavy unhealthy smoke in our area from August 18 – 21, 2015, an Exceptional Events Initial Notification was submitted to EPA on June 3, 2016. On June 21, 2016, EPA determined that ozone data from that event may affect a future regulatory decision (attainment v. non-attainment) and could be considered for exclusion under the Exceptional Events Rule. AQM continues to coordinate with EPA and improve the development and submittal process of Exceptional Events demonstrations in preparation of future wildfire smoke episodes.

Next Gen Compliance Technology

New ozone National Ambient Air Quality Standards require that efforts be focused on finding emission reductions everywhere. Following EPA guidance, staff field tested a new Forward Looking Infrared (FLIR) camera system using thermal imaging to identify volatile organic compound (VOC) emissions. Overall, local facilities are well maintained without leaks – a testament to our current permitting and enforcement effectiveness. The FLIR camera was so successful that one facility is purchasing a camera for recognizing and reducing emissions thereby saving product and money.

COMMUNITY AND CLINICAL HEALTH SERVICES (CCHS)

Steve Kutz, R.N., M.P.H., Division Director

Family Planning Program

Thanks to an excellent grant application submitted by well-regarded and respected program management, Family Planning received an increase in its Title X 2017 grant award of \$228,162. Increased funding will allow for additional outreach to vulnerable populations, purchase of additional family planning methods such as Long Acting Contraceptives, and serve more clients. Family Planning had over 4,600 visits in 2016.

Patagonia Health

CCHS launched its new electronic health record system Patagonia Health (PH) in Immunizations, Tuberculosis, and Maternal Child Health in May 2016. More clinical programs will launch in 2017. PH is a cloud based system, with a built in clearing-house to more efficiently bill third party payers for services provided. Once incorporated in all programs, CCHS will have more robust reporting abilities, and easier access to data required by grantors and funders.

Staff Resources

In 2016, CCHS realigned staff based on program need and resources. A new Administrative Assistant position was added to CCHS as part of a reclassification; a Public Health Nurse was reassigned as a Disease Intervention Specialist to the Sexual Health Program; and, an Office Assistant position was reassigned from WIC to the Central Clinic. Additionally the vacant WIC Program Manager position was reclassified to Public Health Supervisor, allowing for supervision of multiple public health programs similar to other supervisory positions at the Health District.

WIC Program

One of the first projects that our new Public Health Supervisor tackled was the remodel of our Ninth Street WIC clinic, resulting in improved workflow. For the 2016 grant year, the Ninth Street office served an average of over 2,700 clients per month.

Improved Cost Recovery

CCHS greatly improved third party reimbursements in Fiscal Year 2016 by posting \$93,113 in payments compared to \$8,678 in Fiscal Year 2015 (a 972% increase). This was due in part to staff assignment, redirection to third party billing, and posting activities. Receiving third party payments from insurers allows for improved sustainability of vital public health clinical programs.



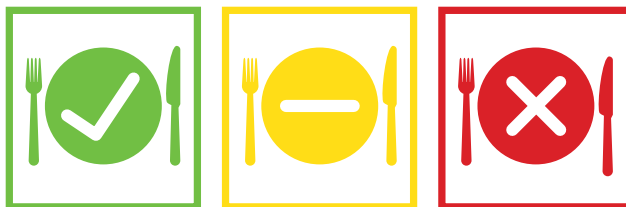
ENVIRONMENTAL HEALTH SERVICES (EHS)

Bob Sack, Division Director

DBOH adopts updates to food regulations and implementation of risk-based inspections

In August 2016 the Board adopted Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments, which were then approved by the State Board of Health in September.

The regulations allow for a new inspection process and rating system which will emphasize a risk-based inspection approach and public health interventions.



Staff held three workshops in September on the new inspection process which began in November. The workshops provided education on the new inspection form, associated field guide and the color coded (green, yellow, red) rating system.

The new risk-based inspection system and process meet the criteria of US Food and Drug Administration (FDA) Standardization Procedures Standard 3 – Inspection Program based on Hazard Analysis and Critical Control Point Principles, an internationally recognized system for reducing the risk of safety hazards in food. A HACCP System requires that potential hazards are identified and controlled at specific points in the process.

Solid Waste Management Plan (SWMP)

In 2016 the Board approved a new Washoe County SWMP. The new plan serves two purposes; one, to inform the reader of the regulatory and contextual factors that led to the genesis of local solid waste management; and two, to provide information on the current status of the solid waste management system of Washoe County, including the programs which are fully implemented and those areas or programs which are under development or in need of further attention. The plan calls for conducting a study of the solid waste stream from Washoe County to identify additional opportunities for material reuse or recycling. The plan includes increased outreach and education on waste minimization and recycling practices.

REHS staff training plan

In 2016 EHS continued its efforts to cross train staff as national Registered Environmental Health Specialists (REHS). A library was created to make study materials available to staff preparing for the REHS exam. At least six trainees are expected to sit for the REHS exam in 2017.

EHS Facebook Page

EHS launched its new Facebook page in May 2016, using the social media presence to announce everything from food product recalls, to regulation changes and workshops. Over 100 posts in the first eight months has people engaged and visiting the page regularly for up-to-date information and notices from organizations like the Health District, the US Department of Agriculture, the US Food and Drug Administration, and the Centers for Disease Control and Prevention.

EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS

Randall Todd, DrPH, Division Director

Epidemiology

In 2016, the Communicable Disease Program logged 7,779 cases with reportable conditions, a 37% increase over 2015. These included conditions managed by Community and Clinical Health Services such as Tuberculosis, HIV, and Sexually Transmitted Diseases. There were 4,740 cases that were tracked solely by the Communicable Disease Program, a 59% increase since 2015. Some diseases such as norovirus are not reportable when sporadic but are when they occur in outbreaks. Working collectively with the Outbreak Response Team, staff investigated 38 outbreaks due to norovirus, rotavirus, *Shigella*, *E. coli* O157:H7, Hand-Foot-Mouth-Disease, influenza like illness, and pink eye, involving over 1,100 individuals.

Public Health Preparedness (PHP) and Emergency Medical Services (EMS) Oversight Program

PHP collaborated with first responders providing personal protective equipment for use during Ebola and other highly infectious disease responses. In collaboration with hospitals and REMSA, PHP designed a full scale Ebola exercise that tested both a walk in Emergency Room patient and a patient identified at a satellite facility.

PHP partnered with Carson City Health and Human Services and the American Red Cross to develop a Functional Assessment Service Team (FAST) for Northern Nevada. FAST will aid emergency shelter operations by conducting screenings to ensure access and functional needs are met. There are 13 area service providers who regularly work with access and functional needs cases comprising the new team.

The office of the Assistant Secretary for Preparedness and Response identified the Inter-Hospital Coordinating Council (IHCC) as a leader in healthcare coalitions and sent eight representatives to attend leadership response training in Anniston, AL. Only two other coalitions were dubbed as pilot groups for the new national program.

The EMS Oversight Program had several accomplishments in its second year. The Multi-Casualty Incident Plan (MCIP) underwent major revisions and now includes information on burn centers, a family resource center, and special event mitigation efforts. In collaboration with community partners involving over 75 participants, EMS designed a full scale hospital evacuation to exercise the Mutual Aid Evacuation Annex of the MCIP.

EMS produced an annual report highlighting regional accomplishments and pertinent EMS data from a citizen's perspective. Through cooperative agreements, EMS began receiving regional hospital trauma data that will assist in analyzing patient disposition information so enhancements can be identified for the pre-hospital setting.

Vital Records

The Vital Records Office had another busy year registering 6,075 births and 5,839 deaths. Staff also issued official copies of 6,780 birth certificates and 22,774 death certificates.



WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

1001 East Ninth Street, Reno, NV 89512

Call Us At:
775-328-2400

Find Us On:
WashoeCounty.US/Health
OurCleanAir.com
GetHealthyWashoe.com



The Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making District Board of Health.

The Washoe County Health District consists of the following five divisions:

Administrative Health Services (AHS)

AHS oversees financial management and budgeting, grants management, information technology, personnel and payroll, purchasing and facilities management. AHS also coordinates financial activities such as grant billings and collections, cash management, and audit resolution.

Air Quality Management (AQM)

AQM is responsible for controlling sources of air pollution and assuring compliance with local, state and federal environmental laws governing air quality.

Community and Clinical Health Services (CCHS)

CCHS focuses on disease prevention, community and individual education and wellness.

Environmental Health Services (EHS)

EHS ensures compliance with local, state and federal laws regulating food, waste, water, vector and other areas of public health. While many programs require enforcement, strong education components promoting a collaborative approach to meet public health standards at the local and national levels are also emphasized.

Epidemiology and Public Health Preparedness (EPHP)

EPHP conducts disease surveillance and outbreak investigations, coordinates public health response to disaster with partner agencies, and provides training on topics related to public health emergencies, such as bioterrorism and natural disasters. EPHP also provides oversight of Emergency Medical Services (EMS) and Vital Statistics.
